



EX PARTE OR LATE FILED

ORIGINAL

Received & Inspected

AUG 23 2011

FCC Mail Room

United States
Department of
Agriculture

AUG 17 2011

Food and
Nutrition
Service

3101 Park
Center Drive
Alexandria, VA
22302-1500

Marlene Dortch
Secretary
Federal Communications Commission
445 12th St, SW
12th Street Lobby, TW-A325
Washington, DC 20554

NOTICE OF EX PARTE COMMUNICATION

Re: WC Docket 11-42 Lifeline and Link Up Reform and Modernization

Dear Ms. Dortch:

On August 10, 2011, I along with Donna Hines of the Supplemental Food Programs Division in USDA's Food & Nutrition Service participated in a telephone conference call with Robert Finley of the Wireline Competition Bureau in regard to the Commission's Lifeline reform efforts. We discussed the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) generally as an income-based federal assistance program. We also discussed WIC eligibility criteria and program participation characteristics. A recent study indicates that over two-thirds of WIC Program participants (68.3%) have incomes at or below the Federal poverty line, although the income cut-off for WIC is legislatively set at 185% of poverty. The Lifeline Program would be a welcome opportunity for many WIC participants, and we would like to see WIC included in its targeted programs.

We have included further information on WIC in attachments to this filing.

Sincerely,

DEBRA R. WHITFORD
Director
Supplemental Food Programs Division

Attachments

No. of Copies rec'd
List ABCDE

0

**Nutrition Program Facts
Food and Nutrition Service**



Received & Inspected

AUG 23 2011

FCC Mail Room

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

WIC is not an entitlement program; i.e., Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies (State health departments or comparable agencies) to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

2. Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth Islands of the Northern Marianas, Puerto Rico, and the Virgin Islands. These 90 WIC State agencies administer the program through approximately 1890 local agencies and 9,000 clinic sites.

3. Who is eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at "nutrition risk" by a health professional.

To be eligible on the basis of income, applicants' income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$41,348 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

4. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:

- Medically-based risks such as anemia, underweight, overweight, history of pregnancy complications, or poor pregnancy outcomes.
- Dietary risks, such as failure to meet the dietary guidelines or inappropriate nutrition practices.

Nutrition risk is determined by a health professional such as a physician, nutritionist, or nurse, and is based on Federal guidelines. This nutrition assessment is free to program applicants.

5. How many people does WIC serve?

During Fiscal Year (FY) 2010, the number of women, infants, and children receiving WIC benefits each month reached approximately 9.17 million. For the first 8 months of FY 2011, States reported average monthly participation just below 9 million participants per month. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1985, 3.1 million; by 1990, 4.5 million; and by 2000, 7.2 million. Average monthly participation for FY 2008 was approximately 8.7 million.

Children have always been the largest category of WIC participants. Of the 9.17 million people who received WIC benefits each month in FY 2010, approximately 4.86 million were children, 2.17 million were infants, and 2.14 million were women.

6. What food benefits do WIC participants receive?

In most WIC State agencies, WIC participants receive checks or vouchers to purchase specific foods each month that are designed to supplement their diets with specific nutrients that benefit WIC's target population. In addition, some States issue an electronic benefit card to participants instead of paper checks or vouchers. The use of electronic cards is growing and all WIC State agencies are required to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. A few State agencies distribute the WIC foods through warehouses or deliver the foods to participants' homes. Different food packages are provided for different categories of participants.

WIC foods include infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish. Soy-based beverages, tofu, fruits and vegetables, baby foods, whole-wheat bread, and other whole-grain options were recently added to better meet the nutritional needs of WIC participants.

WIC recognizes and promotes breastfeeding as the optimal source of nutrition for infants. For women who do not fully breastfeed, WIC provides iron-fortified infant formula. Special infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition.

7. Who gets first priority for participation?

If WIC cannot serve all the eligible people who apply for benefits, a system of priorities has been established for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutrition risk because of a nutrition-related medical condition.
- Infants up to 6 months of age whose mothers participated in WIC or could have participated and had a medical problem.
- Children at nutrition risk because of a nutrition-related medical problem.
- Pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern.
- Children at nutrition risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women with any nutrition risk.
- Individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and/or dietary problems.

8. How does WIC support breastfeeding?

Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated.

- WIC mothers who breastfeed their infants are provided information and support through counseling and breastfeeding educational materials.
- Breastfeeding mothers receive a greater quantity and variety of foods than mothers who fully formula feed their infants, with mothers fully breastfeeding their infants receiving the most substantial food package.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- Breastfeeding mothers may receive follow-up support through peer counselors.
- Breastfeeding mothers may receive breast pumps and other aides to help support the initiation and continuation of breastfeeding.

9. What is the WIC infant formula rebate system?

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but WIC State agencies provide infant formula for mothers who choose to use this feeding method. WIC State agencies are required by law to have competitively bid infant formula rebate contracts with infant formula manufacturers. This means WIC State agencies agree to provide one brand of infant formula and in return the manufacturer gives the State agency a rebate for each can of infant formula purchased by WIC participants. The brand of infant formula provided by WIC varies by State agency depending on which company has the rebate contract in a particular State.

By negotiating rebates with formula manufacturers, States are able to serve more people. For FY 2010, rebate savings were \$1.7 billion, supporting an average of 1.9 million participants each month, or 20.5 percent of the estimated average monthly caseload.

10. What is WIC's current funding level?

Congress appropriated \$6.734 billion for WIC in FY 2011. By comparison, the WIC Program appropriation was \$20.6 million in 1974; \$750 million in 1980; \$1.5 billion in 1985; \$2.1 billion in 1990, and \$4.0 billion in 2000.

For more information:

Information on FNS programs is available at www.fns.usda.gov/fns/

Updated August 2011

Background

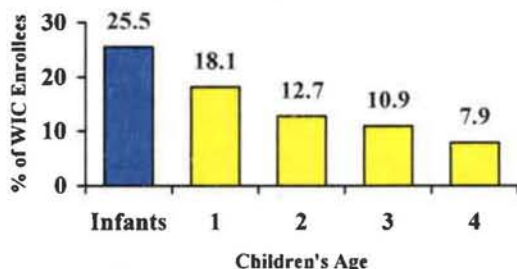
WIC Participant and Program Characteristics (PC2008) summarizes the demographic characteristics of Women, Infants and Children participants nationwide in April 2008, along with information on participant income and nutrition risk characteristics, a national estimate of breastfeeding initiation for WIC infants, and a description of WIC members of migrant farmworker families. PC2008 is the most recent in a series of reports that have been generated from WIC State management information systems biennially since 1992.

Findings

In April 2008, there were 9.5 million women, infants, and children enrolled in the WIC Program. The number of enrollees include individuals who did not pick up food instruments. Approximately 91 percent of WIC enrollees actually picked up their food instruments for April 2008 and were counted according to WIC regulations as participants for WIC food and administrative funding purposes. Among WIC enrollees, half (49.5 percent) are children. Infants account for 25.5 percent, and women are 25 percent of those enrolled in WIC.

Three-fourths of WIC enrollees were under age 5, and child enrollment was weighted toward younger children (Figure 1).

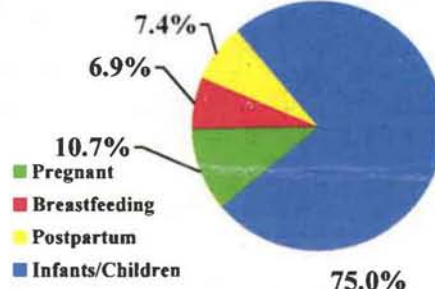
Figure 1
Age of Children Enrollees



Women, as a percent of all participants, were divided into pregnant (10.7 percent), breastfeeding (6.9 percent), and postpartum (7.4 percent) (Figure 2). The percentage of breastfeeding women has risen

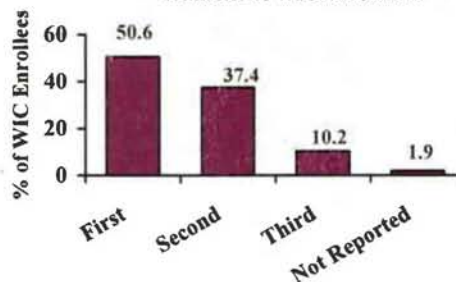
steadily from 3.6 percent in 1992 to 6.9 percent in 2008.

Figure 2
Status of Women



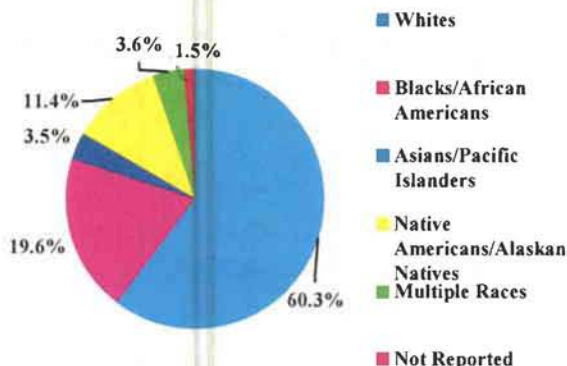
In 2008, more pregnant WIC participants enrolled in the program during their first trimester than during their second trimester, with 50.6 percent in the first trimester and 37.4 in the second. Only 10.2 percent enrolled in the third trimester (Figure 3). Between 1992 and 2006, enrollment in the first trimester increased steadily, but has shown a slight decline (by 0.6 percentage points) in 2008 to stabilize this trend.

Figure 3
Trimester of WIC Enrollment



Under new OMB definitions, ethnicity (i.e., Hispanic or non-Hispanic) and race are reported separately. In 2008:

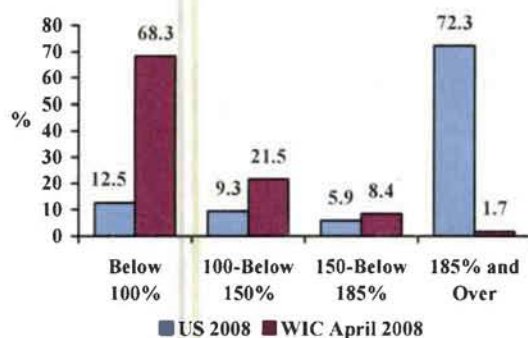
- Hispanics made up 42.1 percent of WIC participants.
- Race data were reported by the States for 98.5 percent of WIC participants. Whites are the largest group (60.3 percent), followed by Blacks/African Americans (19.6 percent), American Indians-/Alaskan Natives (11.4 percent), and Asian or Pacific Islanders (3.5 percent) (Figure 4).
- While the race of most Hispanics was identified by themselves and/or WIC staff as White, many were identified as American Indian/Alaskan Native.

Figure 4
Race

The distribution of participants by poverty level shows about two-thirds of WIC participants (68.3) at or below the poverty line (Figure 5). This compares to 12.5 percent in the U.S. general population and is substantially below the WIC income-eligibility limit.

Figure 5

Poverty Level of WIC Participants Compared to Persons in the U.S. Population

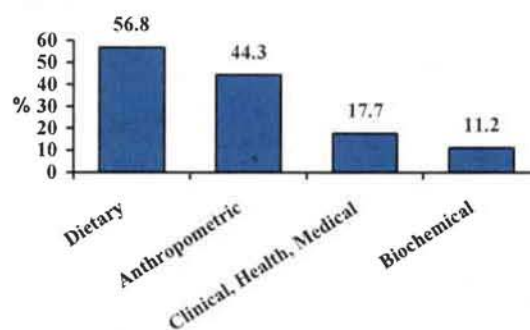


In April 2008, there were 42,477 individuals identified on State WIC enrollment files as being from migrant farmworker families, making up less than 1 percent of the population receiving WIC services.

Download full report for WIC PC 2002, 2004, 2006 or 2008 at: <http://www.fns.usda.gov/ora/>

U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, *WIC Participant and Program Characteristics 2008, WIC-08-PC*, by Patty Connor, Susan Bartlett, Michele Mendelson, Katherine Condon, James Sutcliffe, et al. Project Officer, Fred Lesnett. Alexandria, VA: January 2010.

Predominant risks reported for women were low/high weight-for-height, inappropriate weight gain, hematocrit or hemoglobin below Food and Nutrition Service criteria, delivery of low-birthweight or premature infant, general obstetrical risks, nutrition-risk-related conditions, substance abuse, and "other dietary." Children showed dietary and anthropometric risks as their most frequently reported risks (Figure 6). Eighty-three percent of WIC infants were recorded at risk due, at least in part, to the WIC eligibility of their mothers or because their mothers were at risk during pregnancy.

Figure 6
WIC Participants With Specific Nutritional Risks at Certification

In PC2008, 59.0 percent of WIC mothers initiated breastfeeding, up from 41.3 percent in PC1998. Across the 64 State WIC Agencies reporting breastfeeding duration data, the median duration of breastfeeding was 13 weeks, with substantial variation existing among States. The proportion of infants and children breastfed for 6 or more months has an estimated lower bound estimate of 19.7 percent and an upper bound estimate of 29.6 percent.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.